

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 27 AM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf4/4



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000002030

1. Entity Name
GROVEWAY DEVELOPMENT, L.C.

Principal Place of Business
2055 TRADE CENTER WAY
NAPLES FL 34109

Mailing Address
2055 TRADE CENTER WAY
NAPLES FL 34109-6244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0870154

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B & C CORPORATE SERVICES OF CENTRAL FL INC
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR WOOD, G. STUART
STREET ADDRESS 25099 PINEWATER COVE LANE
CITY- ST- ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGR COTTER, JEFFREY J
STREET ADDRESS 90 MINNEHAHA CIRCLE
CITY- ST- ZIP MAITLAND FL 32751 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jeffrey J. Cotter, Managing Member 3/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)